

| | | | | | | | | | |
|------------|------------|--|---|---|----------------|--------------------------|-------------|--------------------|--|
| Name | | BIRTH DATE | | AGE | | ACCOMPANIED BY/INFORMANT | | PREFERRED LANGUAGE | |
| | | | | <input type="checkbox"/> M <input type="checkbox"/> F | | | | | |
| ID NUMBER | | CURRENT MEDICATIONS | | | | DRUG ALLERGIES | | | |
| | | See other side for current medication list | | | | | | | |
| WEIGHT (%) | HEIGHT (%) | BMI (%) | BMI RANGE: <input type="checkbox"/> <5% (under) <input type="checkbox"/> 5-84% (healthy) <input type="checkbox"/> 85-94% (over) <input type="checkbox"/> 95-98% (obese) <input type="checkbox"/> ≥99% (obese) | | BLOOD PRESSURE | | TEMPERATURE | DATE/TIME | |
| | | | | | | | | | |

See growth chart.

BF = Bright Futures Priority Item

History

| | | |
|---|--|---|
| BF | <input type="checkbox"/> Previsit Questionnaire reviewed | <input type="checkbox"/> Teen has special health care needs |
| BF | <input type="checkbox"/> Teen has a dental home | |
| BF Concerns/questions raised by _____ | | |
| <input type="checkbox"/> None <input type="checkbox"/> Addressed (see other side) | | |
| BF Follow-up on previous concerns <input type="checkbox"/> None <input type="checkbox"/> Addressed (see other side) | | |
| _____ | | |
| Menarche age _____ Regularity _____ | | |
| BF Menstrual problems _____ | | |
| <input type="checkbox"/> Medication Record reviewed and updated | | |

Social/Family History

☐ Single Parent

BF Changes since last visit _____

BF Teen lives with _____

BF Relationship with parents/siblings _____

☐ Tobacco Exposure

Risk Assessment

If not reviewed in Supplemental Questionnaire
(Use other side if risks identified.)

☒ = NL Date of last visit _____

HOME

Eats meals with family ☐ Yes ☐ No

Has family member/adult to turn to for help ☐ Yes ☐ No

Is permitted and is able to make independent decisions ☐ Yes ☐ No

EDUCATION

Grade _____

Performance ☐ NL _____

Behavior/Attention ☐ NL _____

Homework ☐ NL _____

EATING

Eats regular meals including adequate fruits and vegetables ☐ Yes ☐ No

Drinks non-sweetened liquids ☐ Yes ☐ No

Calcium source ☐ Yes ☐ No

Has concerns about body or appearance ☐ Yes ☐ No

ACTIVITIES

Has friends ☐ Yes ☐ No

At least 1 hour of physical activity/day ☐ Yes ☐ No

Screen time (except for homework) less than 2 hours/day ☐ Yes ☐ No

Has interests/participates in community activities/volunteers ☐ Yes ☐ No

DRUGS (Substance use / abuse)

Uses tobacco/alcohol/drugs ☐ Yes ☐ No

SAFETY

Home is free of violence ☐ Yes ☐ No

Uses safety belts/safety equipment ☐ Yes ☐ No

Impaired/Distracted driving ☐ Yes ☐ No

Has relationships free of violence ☐ Yes ☐ No

SEX

Has had oral sex ☐ Yes ☐ No

Has had sexual intercourse (vaginal, anal) ☐ Yes ☐ No

SUICIDALITY / MENTAL HEALTH

Has ways to cope with stress ☐ Yes ☐ No

Displays self-confidence ☐ Yes ☐ No

Has problems with sleep ☐ Yes ☐ No

Gets depressed, anxious, or irritable/has mood swings ☐ Yes ☐ No

Has thought about hurting self or considered suicide ☐ Yes ☐ No

Physical Examination

☒ = Reviewed w/Findings **OR** ☒ NL = Reviewed/Normal

☐ GENERAL APPEARANCE _____ ☐ NL

BF ☐ SKIN _____ ☐ NL

☐ HEAD _____ ☐ NL

☐ EYES _____ ☐ NL

☐ EARS _____ ☐ NL

☐ NOSE _____ ☐ NL

☐ THROAT _____ ☐ NL

☐ MOUTH/TEETH _____ ☐ NL

☐ NECK _____ ☐ NL

☐ LUNGS _____ ☐ NL

☐ HEART _____ ☐ NL

☐ GI / ABDOMEN _____ ☐ NL

BF ☐ BREASTS (discuss self-exam) _____ ☐ NL

BF ☐ GENITALIA _____ ☐ NL

BF ☐ SEXUAL MATURITY RATING _____ ☐ NL

☐ TESTICLE (discuss self-exam) _____ ☐ NL

☐ NEUROLOGIC/GAIT _____ ☐ NL

☐ EXTREMITIES _____ ☐ NL

☐ MUSCULOSKELETAL _____ ☐ NL

☐ HYGIENE _____ ☐ NL

BF ☐ BACK/SPINE _____ ☐ NL

BF Comments _____

Assessment

BF ☐ Well Teen

Anticipatory Guidance

☒ = Discussed and/or handout given

☐ Identified at least one child and parent strength ☐ Know friends and activities

☐ Counseled on smoking cessation if tobacco user ☐ Safe Dating

☐ Discuss 5-2-1-0, fast food, avoid juice/soda/candy

☐ Help with homework when needed

PHYSICAL GROWTH AND DEVELOPMENT

- Balanced diet
- Physical activity
- Limit TV
- Protect hearing
- Brush/Floss teeth
- Regular dentist visits

EMOTIONAL WELL-BEING

- Decision-making
- Dealing with stress
- Mood changes
- Sexuality/Puberty

SOCIAL AND ACADEMIC COMPETENCE

- Age-appropriate limits
- Friends/relationships
- Family time
- Community involvement
- Encourage reading/school
- Rules/Expectations
- Planning for after high school
- Education: expectations, preparation, and options

RISK REDUCTION

- Tobacco, alcohol, drugs
- Prescription drugs
- Sex

VIOLENCE AND INJURY PREVENTION

- Seat belts
- Guns
- Conflict resolution
- Driving restriction
- Sports/Recreation safety

| | | | |
|------|----------------|-----------------------|--|
| NAME | Male Female | Medical Record Number | DOB Actual age Years: _____ Months: _____ |
|------|----------------|-----------------------|--|

Current Medications _____

Plan

BF

Patient is up to date, based on CDC/ACIP immunization schedule.

☐Yes ☐No

If no, immunizations given today.

☐Yes ☐No

ImmPact2 record reflects current immunization status:

☐Yes ☐No

☐ Immunization plan/comments

Oral Health

Oral health risk assessment

☐Completed ☐Low ☐Mod ☐High

Has a dental home

☐Yes ☐No

Dental fluoride varnish applied

☐Yes ☐No

Dental Visit in Past Year

☐Yes ☐No

Well water testing

☐Yes ☐No

BF

Laboratory/Screening results

Hearing screen

☐Previously done Date completed

Vision screen

☐Previously done Date completed

Cholesterol

Hyperlipidemia risk (if hx unknown consider screening)

☐ Family Hx of depression

☐ Family Hx of sudden death

PPD / Anemia

☐ PPD done (if exposure risk) / date done /

PPD result if done ☐ Neg ☐ Pos

PPD plan/comments

☐ Hgb/Hct ordered / date done /

Hgb/Hct result: Hgb Hct

Hgb/Hct plan/comments

If sexually active discuss birth control, pregnancy, and STD risk.

Chlamydia test ordered / date done /

☐ Not indicated ☐Previously done Results

Chlamydia plan/comments

Heavy menses, extreme weight loss, etc.

MaineCare Member Support Requested

☐ Transportation to appointments

☐ Find dentist

☐ Find other provider

☐ Make doctor's appointment

☐ Public Health Nurse referral


☐ Family aware

BF Referral to

BF Follow-up/Next Visit

Narrative Notes:

| | |
|----------------------|------|
| EXAMINER'S SIGNATURE | DATE |
|----------------------|------|



Paul R. LePage, Governor

Department of Health
and Human Services

Maine People Living
Safe, Healthy and Productive Lives

Mary C. Mayhew, Commissioner